



HONORS COLLEGE

The University of Texas at Arlington

APPLICATION FOR GRADUATION

Return this completed form to the Honors College Advising Office (College Hall 100)
no later than Census Day during the semester of your anticipated graduation.

Graduating Semester: _____

Student Name: _____ UTA ID #: _____

MavMail: _____ @mavs.uta.edu Major: _____

Phone: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Post-Graduation Contact Information (Senior Project Mailing and Alumni List)

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Alternate Email: _____ Permanent Phone: _____

Do you plan to attend commencement? Yes No

If you will seek a graduate degree immediately after graduation, please provide details:

College/School and Program: _____

If you will enter the workforce immediately after graduation, please provide details:

Field/Organization: _____

Other plans? _____

Important Note: This application is for the **Honors College ONLY**. You **MUST also apply** for graduation **with** the **Office of Records** (www.uta.edu/registrar) by the deadline set forth by that office.

Student Signature Date